

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See *"Instructions for Service of Process by U.S. Marshal"*

PLAINTIFF  UNITED STATES OF AMERICA	COURT CASE NUMBER 07-00200-CG
DEFENDANT  MICHAEL LEVAR HOPKINS	TYPE OF PROCESS Notice of Forfeiture
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  SERVE AT { Marion Times Standard, Post Office Box 418, Marion, Alabama 36756 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) c/o USMS	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
Deborah J. Rhodes United States Attorney 63 South Royal Street, Suite 600 Mobile, AL 36602	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

To be published once a week for three consecutive weeks.

07-DEA-495349, 07-DEA-495350, 07-DEA-495388, 07-DEA-495504, 07-DEA-495502, 07-DEA-495500, and 07-DEA-495498

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	251-441-5845	2/27/08

### SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process  <b>9</b>	District of Origin  No. <b>3</b>	District to Serve  No. <b>3</b>	Signature of Authorized USMS Deputy or Clerk  <b>Brenda S. Matchett</b>	Date  <b>02/28/08</b>
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)  <b>\$0.00</b>
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REMARKS:

*Returned unexecuted, Problem in Perry County with  
Property description, all processes returned.*

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED